

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Narasimhan Gautam :
Serial No.: 10/771,897 : Group No.: 1656
Filed: February 4, 2004 : Examiner: Rooke, Agnes Beata
For: BIOSENSOR AND USE :
THEREOF TO IDENTIFY :
DRUG MOLECULES AND :
MOLECULES BINDING :
ORPHAN RECEPTORS :

**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated May 15, 2007 (12 pgs.)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00
third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: _____ \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$25.00 = \$	x \$50.00 = \$
	MINUS	=	x \$100.00 = \$	x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$	+ \$360.00 = \$
			TOTAL ADDITIONAL FEE \$	OR
				TOTAL ADDITIONAL FEE \$

- (a) No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

- Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

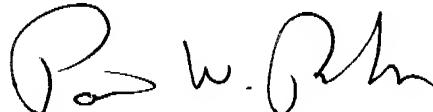
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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